FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

S31594

SIGNATURE: CHARLES FOGELSONGER

(2)

FOGELSONGER, INC.									
Principal Place	of Business	Mailing Address				1 1800 1861 188 FARDI 1880) QIRIN 1881	0101 03E(1 0161		01011 \$4011 (DJ)
16750 RICHLOAM LANE SPRING HILL FL 34610 SPRING HILL FL 34610									
					ļ;	3. Date Incorporated or Qualified 02/13/1991	3a. Date 04	of Last Re /20/199	
2. Principal Pla	ce of Business	2a. Mailing Addr	ess			4. FEI Number			Applied For
21		26				59-3048936			Vot Applicable
Suite, Apt. #	, etc	Suite, Apt. #	, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zipi Na l	Country	Zip	Cd	ntry	1	8. This corporation has liability for		under s	199.032,
24]	25 9. Name and Address of Curr	29 ent Registered Agent	30			Florida Statutes		aent	
				81 Name				3 0	
FOGELS	ONGER, CHARLES			BO CATOON	. A alal-a a a	(D.O. Boy Number is Not Assessed	via\		
	CHLOAM LANE			82 Street	et Address I	P.O. Box Number is Not Acceptat)(e)		
- STE-10 6	belefe			83			·		
SPRING	HILL FL 34610			84 City				85 Zıç	Code
							<u> </u>		
SIGNATURE	othe provisions of Sections 607.05 claggent, or both, in the State of Fig. n, and accept the obligations of, Se (symmetry) or providence of registered by OFFICE RS A		Statutes. (NOTE Registere				DATE		
TILE	PD	DELI	TE 1. 1	MILE				Change	Addition
NAME	FOGELSONGER, CHARLES	5 H.	121	AME					
STREET ADDRESS	16750 RICHLOAM LANE		1.3 5	TREET ADDRESS	S				
CHY-S1-ZIP THEF	SPRING HILL FL STD	[] DELF		11 Y - ST - ZIP	-		···	06	
NAMI	FOGELSONGER, DONNA A		2 1 2 2 N				Li	Change	Addition
STREET ADDRESS	16750 RICHLOAM LANE			AME TREET ADDRESS	e				
City - St - ZiF	SPRING HILL FL			ITY-ST-ZIP	'				
TILLE		DELE						Change	Addition
NAME			321	AME	1				
STREET ADDRESS			33:	STREET ADDRESS	s				
CITY-ST-ZIP	*** **********************************		340	ITY-ST-ZIP	-				
TIT; F		☐ DELI						Change	Addition
NAME CTROLL ADDRESS			421		,				
STREET ADDRESS				TREET ADDRESS	·				
CITY-ST-ZIP		DELI		ITY-ST-ZIP			[""]	Change	Addition
NAME		<u></u> ,	52 N					2 .2 .9 2	
STREET ADDRESS				TREET ADDRESS	5				
Ci**+ST ZiP				ity-St-ZiP					
TRUE		DELL	A . FF THE CONTRACT CONTRACT					Change	Addition Addition
NAME			621	AME					
STREE! ADDRESS			638	THEE I ADDRESS	s				
CITY ST ZIP	and the second s	, <u>, , , , , , , , , , , , , , , , , , </u>		TY - ST - ZIP	1,				·
certify that t eath; that I	cerufy that the information supplie the information indicated on this ar am an officer or director of the cor Block 12 or Block 13 if changed, o	inual report or supplement poration or the receiver of	ntal annual report or trustee empowe	is true and a	accurate an	nd that my signature shall have the	same legal et	fect as if	made under

12 194 (813) 856 2694